

GIC Health Plan Rates – Monthly Rates as of July 1, 2009

For THE TOWN OF STONEHAM ENROLLEES



Commonwealth of Massachusetts
Group Insurance Commission

Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

Includes 0.33% Administrative Fee



| | TEACHER Who Retired Before July 1, 2009 | | | EMPLOYEE and Non-Medicare Retiree/Survivor | | |
|---|--|------------------------|--------------------|---|------------------------|--------------------|
| | Pays Monthly % | Pays Monthly \$ | Pays Monthly \$ | Pays Monthly % | Pays Monthly \$ | Pays Monthly \$ |
| HEALTH PLAN | | Individual Coverage | Family Coverage | | Individual Coverage | Family Coverage |
| Fallon Community Health Plan Direct Care | 10% | \$ 40.57 | \$ 97.38 | 15% | \$ 60.86 | \$146.06 |
| Fallon Community Health Plan Select Care | 10% | \$ 49.20 | \$118.07 | 15% | \$ 73.80 | \$177.11 |
| Harvard Pilgrim Independence Plan | 10% | \$ 52.63 | \$127.37 | 15% | \$ 78.94 | \$191.06 |
| Health New England | 10% | \$ 43.11 | \$106.86 | 15% | \$ 64.67 | \$160.29 |
| Navigator by Tufts Health Plan | 10% | \$ 51.91 | \$125.07 | 15% | \$ 77.86 | \$187.61 |
| NHP Care (<i>Neighborhood Health Plan</i>) | 10% | \$ 41.68 | \$110.46 | 15% | \$ 62.52 | \$165.69 |
| UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>) | 10% | \$ 76.76 | \$179.18 | 40% | \$307.02 | \$716.72 |
| UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>) | 10% | \$ 73.20 | \$170.94 | 40% | \$292.81 | \$683.75 |
| UniCare State Indemnity Plan/ Community Choice | 10% | \$ 41.13 | \$ 98.71 | 15% | \$ 61.69 | \$148.06 |
| UniCare State Indemnity Plan/PLUS | 10% | \$ 53.24 | \$127.07 | 15% | \$ 79.87 | \$190.60 |

Retirees and Survivors *WITH MEDICARE*

| | TEACHER Who Retired Before July 1, 2009 | | RETIREE AND SURVIVOR | |
|--|--|----------|-------------------------|----------|
| | Pays Monthly Per Person | | Pays Monthly Per Person | |
| HEALTH PLAN | % | \$ | % | \$ |
| Fallon Senior Plan* | 10% | \$ 20.02 | 15% | \$ 30.02 |
| Harvard Pilgrim Medicare Enhance | 10% | \$ 35.00 | 15% | \$ 52.50 |
| Health New England MedPlus | 10% | \$ 36.34 | 15% | \$ 54.50 |
| Tufts Health Plan Medicare Complement | 10% | \$ 32.16 | 15% | \$ 48.24 |
| Tufts Health Plan Medicare Preferred* | 10% | \$ 17.81 | 15% | \$ 26.71 |
| UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>) | 10% | \$ 35.30 | 40% | \$141.19 |
| UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>) | 10% | \$ 34.24 | 40% | \$136.94 |

* Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Town of Stoneham Benefits Office.

**Rate questions? Call: Ginny Ray, Municipal Benefits Coordinator 781.279.2620
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